

WITHDRAWAL FROM DRILL SERGEANT (DS) PROGRAM

(AR 614-200) For use of this form, see memo, ATZK-AG-SMB, 3 Aug 88

SECTION I

TO:		FROM:		DATE:
NAME:	RANK:	SSN:	PMOS:	UNIT:
TYPE OF WITHDRAWAL (PARA #):		DATE ASG DS:		DATE SUSPENDED:

REASON FOR WITHDRAWAL:

RECOMMENDATION/REMARKS:

Reassignment: Yes ☐
No ☐

Removal of DS Badge: Yes ☐
No ☐

*Removal of SQI "X": Yes ☐
No ☐

*SQI "X" is mandatorily withdrawn in all cases involving removal for cause.

The attached unfavorable information is referred for your acknowledgement and comment. Complete the following Section II, and return to this office NLT _____.

TYPED NAME, GRADE, TITLE	SIGNATURE
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SECTION II

TO:	FROM:	DATE:
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1. In accordance with para 3-6, AR 600-37, I have read and understand the unfavorable information presented against me and:

_____ I submit the attached statements/documentation on my own behalf.

_____ I elect not to make a statement.

2. I understand that this action may have an adverse impact on my career and if approved, this action will be filed in my Official Military Personnel File and in my Career Management Information File.

3. I understand that this action may constitute a Relief for Cause and if so, I will receive a Relief for Cause NCO-ER.

4. I understand that my special duty assignment pay is terminated on the effective date of my suspension from DS duty.

5. I understand that permanent removal of SQI "X" and/or DS Badge has/has not been recommended.

6. I understand that this action, if approved, cancels any stabilization currently in effect and I am available for worldwide assignment.

7. I understand that if this action is approved for adverse reasons, I may not reapply for reentry into the DS Program. Also, a permanent entry to this effect will be annotated on my Personnel Qualification Record, DA Form 2-1.

Soldier's Signature

SECTION III

TO:	FROM:	DATE:
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RECOMMENDATION/REMARKS:

Reassignment: Yes ☐
No ☐

Removal of DS Badge: Yes ☐
No ☐

*Removal of SQI "X": Yes ☐
No ☐

*SQI "X" is mandatorily withdrawn in all cases involving removal for cause.

TYPED NAME, GRADE, TITLE	SIGNATURE
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SECTION IV

TO:	FROM:	DATE:
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RECOMMENDATION/REMARKS:

Reassignment: Yes ☐
No ☐

Removal of DS Badge: Yes ☐
No ☐

*Removal of SQI "X": Yes ☐
No ☐

*SQI "X" is mandatorily withdrawn in all cases involving removal for cause.

TYPED NAME, GRADE, TITLE	SIGNATURE
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